

# I. Introduction to the Matrix Intensive Outpatient Treatment for People With Stimulant Use Disorders

## Approach and Package

The Matrix Intensive Outpatient Treatment for People With Stimulant Use Disorders (IOP) package provides a structured approach for treating adults who abuse or are dependent on stimulant drugs. The approach followed in the treatment package was developed by the Matrix Institute in Los Angeles, California, and was adapted for this treatment package by the Knowledge Application Program of the Center for Substance Abuse Treatment of the Substance Abuse and Mental Health Services Administration (SAMHSA). The Matrix IOP package comprises five components:

- *Counselor's Treatment Manual*
- ***Counselor's Family Education Manual***  
(this document)
- **CD-ROM that accompanies the**  
***Counselor's Family Education Manual***
- *Client's Handbook*
- *Client's Treatment Companion*

The Matrix IOP model and this treatment package based on that model grew from a need for structured, evidence-based treatment for clients who abuse or are dependent on stimulant drugs, particularly methamphetamine and cocaine. This comprehensive package provides substance abuse treatment professionals with a yearlong intensive outpatient treatment model for these clients and their families: 16 weeks of structured programming and 36 weeks of continuing care.

## Background

The Matrix IOP method was developed initially in the 1980s in response to the growing numbers of individuals entering the treatment system with cocaine or methamphetamine dependence as their primary substance use disorder. Many traditional treatment models then in use were developed primarily to treat alcohol dependence and were proving to be relatively ineffective in treating cocaine and other stimulant dependence (Obert et al. 2000).

To create effective treatment protocols for clients dependent on stimulant drugs, treatment professionals at the Matrix Institute drew from numerous treatment approaches, incorporating into their model methods that were empirically tested and practical. Their treatment model incorporated elements of relapse prevention, cognitive-behavioral, psychoeducation, and family approaches, as well as 12-Step program support (Obert et al. 2000).

The effectiveness of the Matrix IOP approach has been evaluated numerous times since its inception (Rawson et al. 1995; Shoptaw et al. 1994). SAMHSA found the results of these studies promising enough to warrant further evaluation (e.g., Obert et al. 2000; Rawson et al. 2004).

In 1998, SAMHSA initiated a multisite study of treatments for methamphetamine dependence

and abuse, the Methamphetamine Treatment Project (MTP). The study compared the clinical and cost effectiveness of a comprehensive treatment model that follows a manual developed by the Matrix Institute with the effectiveness of treatment approaches in use at eight community-based treatment programs, including six programs in California, one in Montana, and one in Hawaii. Appendix A provides more information about MTP.

## Matrix IOP Approach

### Overview

The Matrix IOP approach provides a structured treatment experience for clients with stimulant use disorders. Clients receive information, assistance in structuring a substance-free lifestyle, and support to achieve and maintain abstinence from drugs and alcohol. The program specifically addresses the issues relevant to clients who are dependent on stimulant drugs, particularly methamphetamine and cocaine, and their families.

For 16 weeks, clients attend several intensive outpatient treatment sessions per week. This intensive phase of treatment incorporates various counseling and support sessions:

- Individual/Conjoint family sessions  
(3 sessions)
- Early Recovery Skills group sessions  
(8 sessions)
- Relapse Prevention group sessions  
(32 sessions)
- Family Education group sessions  
(12 sessions)
- Social Support group sessions  
(36 sessions)

Clients may begin attending the fifth type of counseling session, continuing care (Social

Support groups), once they have completed the 12-session Family Education group but are still attending Relapse Prevention group sessions. Overlapping Social Support group attendance with the intensive phase of treatment helps ensure a smooth transition to continuing care.

The Matrix IOP method also familiarizes clients with 12-Step programs and other support groups, teaches clients time management and scheduling skills, and entails conducting regular drug and breath-alcohol testing. A sample schedule of treatment activities is shown in Figure I-1.

### Program Components

This section describes the logistics and philosophy of each of the five types of counseling sessions that are components of the Matrix IOP approach. Detailed agendas and instructions for conducting each type of group and individual session are provided in this manual and in the *Counselor's Treatment Manual*.

The Matrix materials use step-by-step descriptions to explain how sessions should be conducted. The session descriptions are methodical because the treatment model is intricate and detailed. Counselors who use these materials may want additional training in the Matrix approach, but these materials were designed so that counselors could implement the Matrix treatment approach even without training. The Matrix materials do not describe intake procedures, assessments, or treatment planning. Programs should use the procedures they have in place to perform these functions. If the guidelines presented in this manual conflict with the requirements of funders or credentialing or certifying bodies, programs should adapt the guidelines as necessary. (For example, some States require that sessions last a full 60 minutes to be funded by Medicaid.)

**Figure I-1. Sample Matrix IOP Schedule**

	Intensive Treatment		Continuing Care
	Weeks 1 through 4*	Weeks 5 through 16†	Weeks 13 through 48
Monday	6:00–6:50 p.m. Early Recovery Skills 7:15–8:45 p.m. Relapse Prevention	7:00–8:30 p.m. Relapse Prevention	
Tuesday	12-Step/mutual-help group meetings		
Wednesday	7:00–8:30 p.m. Family Education	7:00–8:30 p.m. Family Education or 7:00–8:30 p.m. Social Support	7:00–8:30 p.m. Social Support
Thursday	12-Step/mutual-help group meetings		
Friday	6:00–6:50 p.m. Early Recovery Skills 7:15–8:45 p.m. Relapse Prevention	7:00–8:30 p.m. Relapse Prevention	
Saturday and Sunday	12-Step/mutual-help group meetings		

\* 1 Individual/Conjoint session at week 1

† 2 Individual/Conjoint sessions at week 5 or 6 and at week 16

All Matrix IOP groups are open ended, meaning that clients may begin the group at any point and will leave that group when they have completed the full series. Because the Matrix groups are open ended, the content of sessions is not dependent on that of previous sessions. The counselor will find some repetition of information among the three Individual/Conjoint sessions as well as group sessions. Clients in early recovery often experience varying degrees of cognitive impairment, particularly regarding short-term memory. Repeating information in different ways, in different group contexts, and over the course of clients' treatment helps

clients comprehend and retain basic concepts and skills critical to recovery.

### *Individual/Conjoint Sessions*

In the Matrix IOP intervention, the relationship between counselor and client is considered the primary treatment dynamic. Each client is assigned one primary counselor. That counselor meets individually with the client and possibly the client's family members three times during the intensive phase of treatment for three 50-minute sessions and facilitates the Early Recovery Skills and Relapse Prevention groups.

The first and last sessions serve as “bookends” for a client’s treatment (i.e., begin and end treatment in a way that facilitates treatment engagement and continuing recovery); the middle session is used to conduct a quick, midtreatment assessment of the client’s progress, to address crises, and to coordinate treatment with other community resources when appropriate.

Conjoint sessions that include both the client and family members or other supportive persons are crucial to keeping clients in treatment. The importance of involving people who are in a primary relationship with the client cannot be overestimated; the Matrix IOP approach encourages the inclusion of a client’s most significant family member or members in each Individual/Conjoint session in addition to Family Education group sessions. The counselor who tries to facilitate change in client behavior without addressing family relationships ultimately makes the recovery process more difficult. It is critical for the counselor to stay aware of how the recovery process affects the family system and to include a significant family member in part of every Individual/Conjoint session when possible.

### *Early Recovery Skills Group*

Clients attend eight Early Recovery Skills (ERS) group sessions—two per week for the first month of primary treatment. These sessions typically involve small groups (10 people maximum) and are relatively short (50 minutes). Each ERS group is led by a counselor and co-led by a client who is advanced in the program and has a stable recovery (see pages 7–8 in the *Counselor's Treatment Manual* for information about working with client co-leaders). It is important that this group stay structured and on track. The counselor needs to focus on the session’s topic and be sure not to contribute to the high-energy, “out-of-control” feelings that may be characteristic of clients in early recovery from stimulant dependence.

The ERS group teaches clients an essential set of skills for establishing abstinence from drugs and alcohol. Two fundamental messages are delivered to clients in these sessions:

1. You can change your behavior in ways that will make it easier to stay abstinent, and the ERS group sessions will provide you with strategies and practice opportunities.
2. Professional treatment can be one source of information and support. However, to benefit fully from treatment, you also need 12-Step or mutual-help groups.

The techniques used in the ERS group sessions are behavioral and have a strong “how to” focus. This group is not a therapy group, nor is it intended to create strong bonds among group members, although some bonding often occurs. It is a forum in which the counselor can work closely with each client to assist the client in establishing an initial recovery program. Each ERS group has a clear, definable structure. The structure and routine of the group are essential to counter the high-energy or out-of-control feelings noted above. With newly admitted clients, the treatment routine is as important as the information discussed.

### *Relapse Prevention Group*

The Relapse Prevention (RP) group is a central component of the Matrix IOP method. This group meets 32 times, at the beginning and end of each week during the 16 weeks of primary treatment. Each RP group session lasts approximately 90 minutes and addresses a specific topic. These sessions are forums in which people with substance use disorders share information about relapse prevention and receive assistance in coping with the issues of recovery and relapse avoidance. The RP group is based on the following premises:

- Relapse is not a random event.
- The process of relapse follows predictable patterns.
- Signs of impending relapse can be identified by staff members and clients.

The RP group setting allows for mutual client assistance within the guiding constraints provided by the counselor. Clients heading toward relapse can be redirected, and those on a sound course to recovery can be encouraged.

The counselor who sees clients for prescribed Individual/Conjoint sessions and a client co-leader facilitate the RP group sessions (see pages 7–8 in the *Counselor's Treatment Manual* for information about working with client co-leaders).

Examples of the 32 session topics covered in the RP group include

- Guilt and shame
- Staying busy
- Motivation for recovery
- Be smart, not strong
- Emotional triggers

### *Family Education Group*

The chances of treatment success increase immensely if significant others become educated about the predictable changes that are likely to occur within relationships as recovery proceeds. The primary counselor educates participants and encourages involvement of significant others, as well as clients, in the 12-session Family Education group. The Family Education group is discussed in depth on page 7.

### *Social Support Group (Continuing Care)*

Clients begin attending the Social Support group at the beginning of their last month of primary treatment and continue attending these

group sessions once per week for 36 weeks of continuing care. For 1 month, intensive treatment and continuing care overlap.

Social Support group sessions help clients learn or relearn socialization skills. Persons in recovery who have learned how to stop using substances and how to avoid relapse are ready to develop a substance-free lifestyle that supports their recovery. The Social Support group assists clients in learning how to resocialize with clients who are further along in the program and in their recovery in a familiar, safe environment. This group also is beneficial to the experienced participants who often strengthen their own recovery by serving as role models and staying mindful of the basic tenets of abstinence. These groups are led by a counselor, but occasionally they may be broken into smaller discussion groups led by a client–facilitator, a client with a stable recovery who has served as a co-leader and makes a 6-month commitment to assist the counselor.

Social Support group sessions focus on a combination of discussion of recovery issues being experienced by group members and discussion of specific, one-word recovery topics, such as

- Patience
- Intimacy
- Isolation
- Rejection
- Work

## **The Role of the Counselor**

To implement the Matrix IOP approach the counselor should have several years of experience working with groups and individuals. Although detailed instructions for conducting sessions are included in this manual, a new counselor may not have acquired the facility or



the skills necessary to make the most of the sessions. The counselor who is willing to adapt and learn new treatment approaches is an appropriate Matrix IOP counselor. The counselor who has experience with cognitive-behavioral and motivational approaches and has a familiarity with the neurobiology of addiction will be best prepared to implement Matrix IOP intervention. Appropriate counselor supervision will help ensure fidelity to the Matrix treatment approach.

In addition to conducting the three Individual/Conjoint sessions, a client's primary counselor decides when a client moves from one group to another and is responsible for integrating material from the various group-counseling formats into one coordinated treatment experience.

Each client's primary counselor

- Coordinates with other counselors working with the client in group sessions (e.g., in the Family Education sessions)
- Is familiar with the material to which the client is being exposed in the Family Education sessions
- Encourages, reinforces, and discusses material that is being covered in 12-Step or mutual-help meetings
- Helps the client integrate concepts from treatment with 12-Step and mutual-help material, as well as with psychotherapy or psychiatric treatment (for clients who are in concurrent therapy)
- Coordinates with other treatment or social services professionals who are involved with the client

In short, the counselor coordinates all the pieces of the treatment program. Clients need the security of knowing that the counselor is aware of all aspects of their treatment. Many

people who are stimulant dependent enter treatment feeling out of control. They are looking to the program to help them regain control. If the program appears to be a disjointed series of unrelated parts, these clients may not feel that the program will help them regain control, which may lead to unsuccessful treatment outcomes or premature treatment termination. Appendix B provides more notes on the counselor's role in facilitating Family Education groups.

## The Matrix IOP Package

In addition to this *Counselor's Family Education Manual* (introduced in detail on page 7), the Matrix IOP package consists of these components:

- *Counselor's Treatment Manual*—The *Counselor's Treatment Manual* contains all the materials necessary for a counselor to conduct the Individual/Conjoint sessions and ERS, RP, and Social Support groups. It is organized by type of group session; each section begins with an overview that includes a discussion of
  - ♦ The overall goals for each type of group session
  - ♦ The general format and counseling approach of the sessions
  - ♦ Special considerations relevant to a particular type of group session

The overview is followed by instructions for conducting each session. Copies of the handouts that make up the *Client's Handbook* are at the end of each section's instructions for easy reference.

- *Client's Handbook*—This illustrated handbook contains an introduction and welcome and all the handouts that are used in the Matrix IOP program, except for those used in the Family Education

group sessions. Individual handouts are used for Family Education sessions because family members attend this group with clients and do not have the handouts from the *Client's Handbook*.

- *Client's Treatment Companion*—The *Client's Treatment Companion* is for clients to carry with them in a pocket or purse. It contains useful recovery tools and concepts and provides space for clients to record their relapse triggers and cues, write short phrases that help them resist triggers, and otherwise personalize the book. Ideas are included for ways to personalize and make the *Client's Treatment Companion* a useful tool for recovery.

## Introduction to the Family Education Group

### Overview

People with substance use disorders often find themselves isolated from their families or in ongoing conflict with family members. Family members (including extended family members) and significant others may experience feelings of abandonment, anxiety, fear, anger, concern, embarrassment, or guilt. Family members often do not understand substance use disorders and the changes that have occurred in their family. They also may not understand the dynamics of recovery and the changes that recovery brings. Providing education about substance use disorders and recovery and an opportunity for family members to talk about their concerns is critical to helping them support the person who is in treatment and can alleviate anxiety and other negative feelings they may have.

Education helps families change some behaviors that are common to families coping with people who have a substance use disorder (such as

protecting people who are dependent on substances from the consequences of their dependence). These behaviors may be disruptive both to people in treatment and to their family members. In addition, having some idea of what to expect as their loved ones progress in their recovery helps family members adjust to changes that accompany recovery. Treatment is more likely to succeed if significant others become educated about the predictable changes that occur within the relationship as recovery proceeds. In addition to providing specific education, the Family Education group sessions provide the counselor with an opportunity to facilitate involvement of significant others in clients' recovery. Substance abuse can place families in crisis. Counselors should be mindful that violence can erupt in this kind of environment. A concern for the safety of clients and the family members involved in treatment should be foremost in the counselor's mind.

The Family Education group is not family *therapy* and does not attempt direct intervention into individual familial dynamics. Rather, the Family Education component of the Matrix IOP package takes a psychoeducational approach. It provides a relatively nonthreatening environment in which to present information and an opportunity for clients and their families to feel comfortable and welcome in the treatment facility. Information is presented about methamphetamine dependence, other drug and alcohol use, treatment, recovery, the ways in which families are affected by a client's drug use and dependence, and how family members can support a client's recovery.

Matrix treatment experience shows that, if clients are involved closely with significant others, those significant others are part of the recovery process regardless of whether those others are involved in treatment activities. Because the interactions in clients' families

before clients begin treatment often can be negative, clients may be adamant that they need to “do my program alone.” The counselor can work with clients to help them understand the importance of involving their families in treatment, but if clients continue to resist family members’ participation, the counselor should not insist.

It is common for family members to believe that “it’s not my problem.” They may be angry and unwilling to involve themselves in the client’s treatment. Therefore, the counselor personally invites family members to attend the sessions and carefully explains the potential value of attending.

When deciding who should be included in the Family Education group, programs should use a definition of “family” that accommodates important people in a particular client’s life. For example, a long-term romantic partner should be considered family whether the partner is married to the client or not. A client may also consider a close friend or mentor as family. Older adolescents may be appropriate for the program, but the Family Education group cannot accommodate and is not useful for younger children. Programs should consider offering child care during group sessions to facilitate family members’ attendance.

All clients attend Family Education group sessions whether their family members or significant others attend. These group sessions provide the structured educational component of treatment for clients. In addition, clients receive information about the dynamics of family relationships as they relate to substance use disorders.

The counselor facilitating Family Education group sessions should be sensitive to cultural and other diversity issues relevant to the specific populations being served. The counselor needs to understand culture in broad terms that

include not only obvious markers such as race, ethnicity, and religion, but also socioeconomic status, level of education, and level of acculturation to U.S. society. The counselor should exhibit a willingness to understand clients within the context of their culture. However, it also is important to remember that each client is an individual, not merely an extension of a particular culture. Cultural backgrounds are complex and are not easily reduced to a simple description. Generalizing about a client’s culture is a paradoxical practice. An observation that is accurate and helpful when applied to a cultural group may be misleading and harmful when applied to an individual member of that group. The forthcoming Treatment Improvement Protocol *Improving Cultural Competence in Substance Abuse Treatment* (CSAT forthcoming) provides more information on cultural competence.

The Family Education group counselor should be aware of local 12-Step and mutual-help groups that can support family members. These groups include

- Al-Anon and Alateen:  
[www.al-anon.alateen.org](http://www.al-anon.alateen.org)
- Nar-Anon: [www.naranon.com](http://www.naranon.com)
- Codependents Anonymous (CoDA):  
[www.codependents.org](http://www.codependents.org)
- Jewish Alcoholics, Chemically Dependent Persons and Significant Others (JACS):  
[www.jacsweb.org](http://www.jacsweb.org)
- Adult Children of Alcoholics (ACoA):  
[www.adultchildren.org](http://www.adultchildren.org)

The counselor should, throughout Family Education, encourage family members to attend support group meetings. Meeting attendance can be mentioned, whenever appropriate, in any session. The counselor also may want to prepare a list of organizations (including Web



addresses and other contact information) that offer local meetings and have copies of local meeting schedules available at each session.

The sections below provide the counselor with an overview of the Family Education component of the Matrix IOP package and general guidelines for conducting sessions. The specific presentation instructions for each group session are presented in Section II.

## **Goals of Family Education Group**

- Present accurate information about addiction, recovery, treatment, and the resulting interpersonal dynamics.
- Help clients and family members understand how the recovery process may affect current and future family relationships.
- Provide a forum for families to discuss issues of recovery.
- Present accurate information about the effects of drugs.
- Teach, promote, and encourage clients' family members to care for themselves while supporting clients in their recovery.
- Provide a professional atmosphere in which clients and their families are treated with dignity and respect.
- Encourage participants to get to know other recovering people and their families in a comfortable and nonthreatening environment.

## **Group Format**

The Family Education group meets once per week for 12 weeks. Clients and their families may enter the group at any time and attend for the first 3 months of a client's intensive treatment. Group sessions last for 90 minutes. There is no limit on the number of family members a client can bring to Family Education sessions.

Groups can be run with only 2 people or as many as 30 people. The counselor should be aware that groups that are either very small or very large can be unwieldy because they can work against the free flow of discussion.

Group session techniques vary as follows:

- Seven sessions are based on PowerPoint slide presentations.
- Four sessions are multifamily group discussions.
- One session is a panel presentation.

### *Slide Presentations*

Slides for seven sessions are included on the CD-ROM accompanying this manual. They can also be downloaded from [www.kap.samhsa.gov](http://www.kap.samhsa.gov) by clicking on Products, clicking on Resource Documents & Manuals, and then clicking on the Matrix icon. These slides may be used as PowerPoint presentations or printed and copied onto overhead transparencies. Each session is saved as a separate file on the CD-ROM with the session number and title indicated. The instructions in Section II for presenting these sessions include talking points for each slide. Each slide presentation is followed by a focused discussion about the topic. The last part of each session is used as an open discussion period for participants to talk about pressing issues.

### *Multifamily Group Discussions*

Four sessions are organized as discussion groups with handouts. For the first part of each session, participants read information or answer questions on the handouts that prepare participants for group discussion. The counselor may be instructed to provide some background information. The remainder of the session is a facilitated discussion.

### *Panel Presentation*

The panel format includes individual presentations by panel members (clients who have completed the program or their family members or both or members of 12-Step or mutual-help groups in the community). Each brief presentation is followed by a question-and-answer period, and the counselor facilitates a final open discussion.

## **General Guidelines**

The counselor may want to review this section occasionally to be reminded of general points that are common to every session. Appendix B contains notes on group facilitation that the counselor may find useful.

### *Before Each Session*

- Read the instructions for facilitating the session.
- Become familiar with the handouts and slides.
- Set up the group room so that chairs are arranged to allow participants to see the slides and to encourage discussion. For multifamily group discussion sessions, arrange chairs in a circle.
- Arrange for equipment to display the slides that are on the enclosed CD. The slides are also available at the Knowledge Application Program Web site ([www.kap.samhsa.gov](http://www.kap.samhsa.gov)).
- Make copies of all handouts for session participants.
- Find out which clients and family members are new to the group, and introduce them at the beginning of their first session.

### *During Each Session*

- Act as host for the group, welcoming clients and families and introducing new participants.

- Take care to refer appropriately to people clients invite to sessions. These people could include spouses, partners, adult children, friends, employers, colleagues, and others. Avoid using limiting terms like “husband” or “wife,” and refer to the people invited as family members or friends, unless instructed otherwise by the client.
- Encourage clients and family members to ask questions and make comments that are appropriate to the topic.
- Be prepared to provide sources of information. References are provided at the end of the talking points for sessions 2, 4, 7, and 10. Clients or family members may be curious about the sources of statistics and other information presented during these sessions. The counselor can provide citations as required.
- Close the session by thanking participants for attending and announcing the following week's topic.
- Remain in the room after the session to answer questions and to talk with anyone who is experiencing problems.

The counselor should recognize that discussions about drug and alcohol use may serve as triggers for clients and stimulate cravings. The counselor routinely should encourage anyone experiencing triggers or cravings to stay after the group to talk until he or she feels focused on recovery again. The counselor also may suggest that, if the client is not with a family member, he or she call home and let family members know he or she has started home. This creates accountability for the client and begins to strengthen the family's sense of participation in the client's treatment and recovery.